

# EXHIBIT D



**THE ALLIED GROUP OF COMPANIES**

390 NORTH BROADWAY, JERICHO, NEW YORK 11753-2110 • (516) 733-9200 • (800) 861-9452 • FAX: (516) 681-7390

DATE: 6-5-01  
TO: Athena  
COMPANY: Trataros  
FAX#: 646-935-0757

PAGES TO FOLLOW:

cc Basil 718-9944505

The following is a Certificate of Insurance, which you have requested. If you have any questions, please feel free to call me at (516) 733-9283 or FAX #(516) 681-7499.

Thank you.

**ALLIED NORTH AMERICA INSURANCE  
BROKERAGE CORP. OF NEW YORK**

*Peggy Theis*

Peggy Theis  
Tech Support

**Trataros Construction, Inc.****TRANSMITTAL**

Baruch Academic Complex  
55 Lexington Avenue  
New York, New York 10010

Phone: (646)935-0101  
Fax: (646)935-0757

**No. 01077****PROJECT: BARUCH ACADEMIC COMPLEX****DATE: 6/5/01**

**TO:** TDX Construction Corporation  
137 East 25th Street  
New York, New York 10010

**REF:** G.M. CROCETTI INSURANCE  
GC 2 - CONTRACT NO. 16

**ATTN:** Joseph Sciaccatano

<b>WE ARE SENDING:</b>	<b>SUBMITTED FOR:</b>	<b>ACTION TAKEN:</b>
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input checked="" type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples	<b>SENT VIA:</b>	<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Returned for Corrections
<input checked="" type="checkbox"/> Other: INSURANCE CERTIFICATE	<input type="checkbox"/> Separate Cover Via:	<input type="checkbox"/> Due Date:

ITEM	PACKAGE	SUBMITTAL	DRAWING	REV.	ITEM NO.	COPIES	DATE	DESCRIPTION	STATUS
INSR					1	1	6/5/01	CERTIFICATE RENEWAL FOR G.M. CROCETTI	

**Remarks:****CC:**Signed: 

Athena Curis

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# NEW YORK STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

1-888-997-3863

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ALLIED SAFETY MANAGEMENT INC  
390 NORTH BROADWAY  
JERICHO NY 11753

POLICY NUMBER G 1250 357-9
DATE 6/05/2001
CERTIFICATE NUMBER 397-371

PERIOD COVERED BY THIS CERTIFICATE  
5/01/2000 TO 5/01/2002

POLICYHOLDER

G. M. CROCETTI INC  
& MICHAEL E BOBAL  
3960 MERRITT AVENUE  
BRONX

NY 10466

CERTIFICATE HOLDER

TRATAROS CONSTRUCTION, INC.  
664 64TH STREET  
BROOKLYN

NY 11220

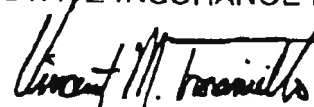
THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 1250 357-9 UNTIL 5/01/2002, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 5/01/2002 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 5 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THE STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

Trataros Kemner-0010

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

GMCROCETTI

**PRODUCER**

Allied North America Insurance  
Brokerage Corp. of New York  
390 North Broadway  
Jericho, NY 11753

DATE (MM/DD/YY)

06/05/01

**INSURED**

G.M. Crocetti, Inc.  
3960 Merritt Avenue  
Bronx, NY 10466

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURER A: Lumbermen's Mutual Casualty Co.  
INSURER B: Pennsylvania General Ins. Co.  
INSURER C: Ohio Casualty Group  
INSURER D: State Insurance Fund  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	4LS00175300	03/31/00	03/31/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP A30 \$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CJAP15148	03/31/01	03/31/02	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	BX00252693548	03/31/01	03/31/02	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12503579	05/01/01	05/01/02	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$Cert To E.L. DISEASE - EA EMPLOYEE \$Follow E.L. DISEASE - POLICY LIMIT \$From SIF
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Baruch College Site B Package No. 2 General Construction Work Contract  
No. 16

Foregoing per policy form. Additional Insured status encompasses General  
Liability: Trataros Construction, Baruch College, D.A.S.N.Y., C.U.N.Y.,  
TDX Construction Corp., The City University Construction Fund.

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ~~NOTIFY BY MAIL~~ 30 DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT ~~AND MUST FORFEIT MONETARY~~  
~~AND MUST FORFEIT MONETARY~~

AUTHORIZED REPRESENTATIVE

Except 10 days  
for Non-payment of Premium

MAT © ACORD CORPORATION 1988

Trataros Construction  
664 64th Street  
Brooklyn, NY 11220